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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/503,794 09/19/2003 and claims benefit of 60/418,496 10/15/2002 *rest*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA PCT/US03/32940 10/15/2003 *rest*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/17/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 92	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Signature</i> Examiner's Signature	<i>rest</i> Initials			

**ADDRESS**

22908

**TITLE**

Clustering of recorded patient neurological activity to determine length of a neurological event

<b>FILING FEE RECEIVED</b> 2540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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